

## Redemption Checklist

This contains the list of forms and documents you will need to submit in order to successfully redeem your funds. All information shared shall be kept confidential. Thank you!



- Rampver Financials Redemption Survey
- ATRAM Investment Application Form (redemption section)
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- Rampver Financials Redemption Survey
- Soldivo Investment Application Form (redemption section)
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- Rampver Financials Redemption Survey
- Sun Life Request for Redemption/Fund Switch Form
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures
- Proof of Bank Account



- Rampver Financials Redemption Survey
- PhilEquity Redemption Order Form
- PhilEquity Settlement Account Form
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures
- Proof of Bank Account



*\*ALFM & BPI Investment Management Inc. funds*

- Rampver Financials Redemption Survey
- BIMi Letter of Instruction Form
- BIMi Mutual Fund Order Form (redemption section)
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- Rampver Financials Redemption Survey
- FAMI Account Opening Form
- FAMI Redemption Form
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures

**Note:** Scan and send the accomplished requirements to [transactions@rampver.com](mailto:transactions@rampver.com). Please make sure you have COMPLETE requirements so we can process your redemption request. Missing or incomplete requirements will result in delays in receiving your proceeds. Upon successful submission, Rampver will process your redemption request within 5-7 business days. Please be advised that this turnaround time only applies upon submission of your COMPLETE requirements. In addition, there may be an exit fee deducted to your proceeds if you haven't completed the holding period of the fund you are invested in. If you have any questions or need further assistance, please email us at [transactions@rampver.com](mailto:transactions@rampver.com).

# Rampver Financials Redemption Survey

Your feedback is important to us. Kindly answer this short survey as part of your mutual fund redemption requirements. All information contained in this survey will be kept confidential. Thank you!

Account Name: _____	Name of Servicing Advisor: _____
Account No: _____	Mobile Number: _____

<b>1. Why are you redeeming your mutual fund investment? (Please check all boxes that apply)</b>						
<input type="checkbox"/>	Realized Gains (I have already achieved my financial goal for this investment)					
<input type="checkbox"/>	Fund Switching (I want to invest in a different mutual fund within Rampver's products)					
<input type="checkbox"/>	Use for another financial product (I will use the proceeds from my mutual fund investment to fund another financial product)					
<input type="checkbox"/>	Emergency (I will use the proceeds from my mutual fund investment to pay for an emergency expense)					
<input type="checkbox"/>	Not satisfied with the returns (I am not satisfied with the performance of my mutual fund investment)					
<input type="checkbox"/>	Others (Kindly specify the reason) _____					
<b>2. Are you satisfied with the services that we provided to you? (With 1 being the lowest and 5 being the highest rating)</b>						
	1	2	3	4	5	
Not Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfied
<b>3. If you rated us 3 and below, what are the improvements we need to work on to make you consider investing again in the future?</b>						
<b>4. Additional comments and suggestions:</b>						

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:** Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

### TRANSACTION DETAILS

<b>Account Name</b>			
<b>Account Number</b>		<b>Contact Number</b>	
<b>Fund Name</b>		<b>Email Address</b>	
<b>Redemption Type</b>	Partial	Full	<b>Number of Shares or Units</b>
<b>Reason for Redemption</b>	Realize profit / loss Not satisfied with investment Others, please specify: _____		Financial requirement, please specify: _____ Transfer to other investment, please specify: _____

### MODE OF PAYMENT

Check – for deposit to enrolled bank account	RTGS / PDDTS (all charges for the account of the investor)
Check – for pick up and encashment at PhilEquity head office	

All redemption proceeds shall be made payable to the PhilEquity Account Name only. If you wish to change or enroll a bank account, please submit a Settlement Account Form.

### IF PICK UP CHECK (OPTIONAL)

I/We hereby authorize my/our representative whose name and signature appears below, to pick up my/our redemption check from the PhilEquity head office. (The authorized representative must present one (1) valid ID upon pick up)




<b>Complete Name</b>		<b>Signature</b>	
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### DECLARATION OF INVESTORS

I/We the undersigned registered owners/trustees of mutual fund shares/units, hereby request the redemption of such shares/units at the applicable redemption price, as defined in the prospectus, which I/we warrant to have read and understood. Furthermore, for value received, I/we hereby sell, assign, and transfer unto the number of shares of the capital stock/offer units of the Fund as indicated above and do irrevocably constitute and appoint the Fund's transfer of the said stock/units on the books of the within named corporation with full power of substitution in the premises.

I/We hereby attest and acknowledge that:

- Redemption orders may be subject to further verification prior to processing and PhilEquity shall have at its sole discretion the right to accept or reject this form/redemption instruction in such manner that it may deem appropriate;
- Redemptions for deposit to bank accounts are subject to check clearing, redemptions made through RTGS / PDDTS are subject to bank charges and any stale checks will be subject to a penalty of Php 25.00;
- Any penalties or bank charges corresponding to my/our redemption will be deducted directly from my/our redemption proceeds;
- There are risks involved for my/our instruction to encash my/our redemption check (if applicable);
- For ITF account where the beneficiary is a minor, I/we declare that the redemption proceeds will be used solely for his/her benefit;
- For joint accounts, I/we declare under penalty of perjury that my/our co-investors are still living and that PhilEquity may at its discretion rely on such continuing declaration and representation; and
- I/We will indemnify and hold free and harmless PhilEquity, its officers, employees and its representatives from any costs, losses, liabilities, damages or expenses whatsoever arising from the acceptance or rejection, delay or inaction and any unsuccessful crediting of the redemption proceeds due to error or discrepancies from information provided on the PhilEquity forms.

		
<b>Authorized Signatory 1</b> Signature over Printed Name	<b>Authorized Signatory 2</b> Signature over Printed Name	<b>Authorized Signatory 3</b> Signature over Printed Name

### IMPORTANT REMINDERS

- ✓ Ensure your contact details are up to date to avoid delays in processing your redemption.
- ✓ Digital signatures are strictly prohibited and will cause your Redemption Order Form or instruction to be rejected.
- ✓ As proof of your redemption, a Confirmation Notice will be sent to you not later than 7 business days with the number of shares/units redeemed at the corresponding Net Asset Value Per Share (NAVPS) / Net Asset Value Per Unit (NAVPU).
- ✓ Documents received by 12 noon cut-off will be processed within the same business day using the NAVPS/NAVPU for the day. Anything received past cut-off shall be processed the next business day applying the corresponding NAVPS/NAVPU for that day. Cut-off times may vary depending on your distributor or agent.
- ✓ Redemption Order Forms should be submitted to your distributor or agent for initial verification. If you are a PhilEquity direct client, documents may be:
  - i. Submitted to PhilEquity Management Inc. at 15<sup>th</sup> Floor, PSE Tower, 5<sup>th</sup> Avenue corner 28<sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634 (PEMI will not pick up deliveries to the PSE Tower lobby)
  - ii. Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions).
- ✓ This document will be processed based on the date and time received by PhilEquity Management, Inc.

### DISTRIBUTOR / AGENT ACKNOWLEDGEMENT

<b>Date / Time Received</b>		<b>Distributor / Branch</b>	
<b>Received By</b>		<b>Confirmed for processing by</b>	

### PHILEQUITY USE ONLY

<b>Date / Time Received</b>		<b>Date Processed</b>		<b>Date Verified</b>	
<b>Source of Document</b>		<b>Processor</b>		<b>Verified Thru</b>	T M V Other _____
<b>Received By</b>		<b>Authorizer</b>		<b>Verified By</b>	

**INSTRUCTIONS:** Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

## GENERAL INFORMATION

<b>Account Name</b>			
<b>Account Number</b>			
<b>Email Address</b>		<b>Contact Number</b>	

## INVESTOR'S PHILIPPINE BANK ACCOUNT DETAILS (For Redemption Purposes)

<b>Bank Name</b>			
<b>Branch Name</b>			
<b>Account Currency</b>	Peso	Dollar	
<b>Type of Account</b>	Savings	Checking	
<b>Bank Account Name</b>			
<b>Bank Account Number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- The bank account name should match your PhilEquity account name except for ITF accounts where the trustees' names will suffice.
- Your bank account should have no restrictions in accepting check payments or direct credit to account.

## DECLARATION OF INVESTORS

I/We hereby attest and acknowledge that:

1. I/We am/are the registered owner/trustee of the mutual fund shares/units and hereby request to effect the instruction/s indicated above which may serve as our standard settlement instruction.
2. The provided bank information will be applied to my/our PhilEquity account indicated above, any further changes will be communicated to PhilEquity with a revised Settlement Account Form signed by all investors.
3. I/We accept, give full consent and agree to abide by the General Terms and Conditions, a copy of which was provided to me/us together with any and all amendments made thereto from time to time.
4. For ITF account where the beneficiary is a minor, I/we declare that the redemption proceeds will be used solely for his/her benefit. In case the beneficiary reaches the legal age, the redemption proceeds in the form of cheque will be made payable to his/her name unless otherwise approved by him/her. The bank account provided above will not be used.
5. I/We hold PEMI, its officers and representatives, free and harmless from any and all claims, liabilities, damages and suits of whatever nature arising out of or in connection with the changes indicated above.



**Authorized Signatory 1**  
Signature over Printed Name

**Authorized Signatory 2**  
Signature over Printed Name

**Authorized Signatory 3**  
Signature over Printed Name

## IMPORTANT REMINDERS

- ✓ Ensure your contact details are up to date to avoid delays in processing your instruction.
- ✓ Digital signatures are strictly prohibited and will cause your instruction to be rejected.
- ✓ Documents received by 12 noon cut-off will be processed within the same business day. Anything received past cut-off shall be processed the next business day. Cut-off times may vary depending on your distributor or agent.
- ✓ Settlement Account Form should be submitted to your distributor or agent for initial verification. If you are a PhilEquity direct client, documents may be:
  - i. Submitted to PhilEquity Management Inc. at 15<sup>th</sup> Floor, PSE Tower, 5<sup>th</sup> Avenue corner 28<sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634 (PEMI will not pick up deliveries from the PSE Tower lobby)
  - ii. Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions).
- ✓ This document will be processed based on the date and time received by PhilEquity Management, Inc.

## DISTRIBUTOR / AGENT ACKNOWLEDGEMENT

<b>Date / Time Received</b>		<b>Distributor / Branch</b>	
<b>Received By</b>		<b>Confirmed for processing by</b>	

## PHILEQUITY USE ONLY

<b>Date / Time Received</b>		<b>Date Processed</b>	
<b>Source of Document</b>		<b>Processor</b>	
<b>Received By</b>		<b>Date Authorized</b>	
<b>Effective Date of Change</b>		<b>Authorizer</b>	

# Rampver Financials Redemption Survey

Your feedback is important to us. Kindly answer this short survey as part of your mutual fund redemption requirements. All information contained in this survey will be kept confidential. Thank you!

Account Name: **Juan Dela Cruz** Name of Servicing Advisor: **Rampver Representative**  
Account No: **123456** Mobile Number: **(+63) 912-345-6789**

1. Why are you redeeming your mutual fund investment? (Please check all boxes that apply)

- Realized Gains (I have already achieved my financial goal for this investment)  
 Fund Switching (I want to invest in a different mutual fund within Rampver's products)  
 Use for another financial product (I will use the proceeds from my mutual fund investment to fund another financial product)  
 Emergency (I will use the proceeds from my mutual fund investment to pay for an emergency expense)  
 Not satisfied with the returns (I am not satisfied with the performance of my mutual fund investment)  
 Others (Kindly specify the reason) \_\_\_\_\_

2. Are you satisfied with the services that we provided to you? (With 1 being the lowest and 5 being the highest rating)

Not Satisfied      1      2      3      4      5      Very Satisfied  
                       

3. If you rated us 3 and below, what are the improvements we need to work on to make you consider investing again in the future?

4. Additional comments and suggestions:

**Thank you for helping me achieve my financial goals!**

**Juan Dela Cruz**

Name



Signature

**January 1, 2024**

Date

# PhilEquity Redemption Guidelines



Write your Philequity account details.

**Fund Name**  
Indicate name of the fund you are invested in

**Redemption Type**  
**Partial** - you will be leaving a portion of your shares/units in the selected fund

**Number of Shares or Units**  
Divide your desired redemption proceeds by the latest NAVPs/NAVPU to get the number of shares or units to be redeemed.

**Reason for Redemption**  
Select One

**Mode of Payment**  
Select One

**For Individual Account**  
Sign once under Authorized Assisnatory I

**For Joint "OR" Account**  
At least 1 investor must sign

**For Joint "AND" Account**  
All investors must sign

**For ITF Account**  
Note: The beneficiary does not need to sign

PhilEquity		REDEMPTION ORDER FORM (ROF)		
15 <sup>th</sup> Floor PSE Tower, 5 <sup>th</sup> Avenue corner 28 <sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634 (+632) 8250 8700   invest@philequity.net   ask@philequity.net   www.philequity.net		DATE mm/dd/yyyy <b>01 01 2024</b>		
INSTRUCTIONS: Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces.				
TRANSACTION DETAILS				
Account Name	Juan Dela Cruz		Contact Number	(+63) 912-345-6789
Account Number	123456		Email Address	juandelacruz@gmail.com
Fund Name	Philequity Fund, Inc		Number of Shares or Units	1,000
Redemption Type	<input type="radio"/> Partial <input checked="" type="radio"/> Full		Reason for Redemption: <input checked="" type="radio"/> Realize profit / loss <input type="radio"/> Financial requirement, please specify: _____ <input type="radio"/> Not satisfied with investment <input type="radio"/> Transfer to other investment, please specify: _____ <input type="radio"/> Others, please specify: _____	
MODE OF PAYMENT				
<input checked="" type="radio"/> Check – for deposit to enrolled bank account <input type="radio"/> RTGS / PDDTS (all charges for the account of the investor)		<input type="radio"/> Check – for pick up and encashment at PhilEquity head office		
All redemption proceeds shall be made payable to the PhilEquity Account Name only. If you wish to change or enroll a bank account, please submit a Settlement Account Form.				
IF PICK UP CHECK (OPTIONAL)				
I/We hereby authorize my/our representative whose name and signature appears below, to pick up my/our redemption check from the PhilEquity head office. (The authorized representative must present one (1) valid ID upon pick up)				
Complete Name			Signature	
DECLARATION OF INVESTORS				
I/We the undersigned registered owners/trustees of mutual fund shares/units, hereby request the redemption of such shares/units at the applicable redemption price, as defined in the prospectus, which I/we warrant to have read and understood. Furthermore, for value received, I/we hereby sell, assign, and transfer unto the number of shares of the capital stock/offer units of the Fund as indicated above and do irrevocably constitute and appoint the Fund's transfer of the said stock/units on the books of the within named corporation with full power of substitution in the premises.				
I/We hereby attest and acknowledge that:				
<ol style="list-style-type: none"> <li>Redemption orders may be subject to further verification prior to processing and PhilEquity shall have at its sole discretion the right to accept or reject this form/redemption instruction in such manner that it may deem appropriate;</li> <li>Redemptions for deposit to bank accounts are subject to check clearing, redemptions made through RTGS / PDDTS are subject to bank charges and any stale checks will be subject to a penalty of Php 25.00;</li> <li>Any penalties or bank charges corresponding to my/our redemption will be deducted directly from my/our redemption proceeds;</li> <li>There are risks involved for my/our instruction to encash my/our redemption check (if applicable);</li> <li>For ITF account where the beneficiary is a minor, I/we declare that the redemption proceeds will be used solely for his/her benefit;</li> <li>For joint accounts, I/we declare under penalty of perjury that my/our co-investors are still living and that PhilEquity may at its discretion rely on such continuing declaration and representation; and</li> <li>I/We will indemnify and hold free and harmless PhilEquity, its officers, employees and its representatives from any costs, losses, liabilities, damages or expenses whatsoever arising from the acceptance or rejection, delay or inaction and any unsuccessful crediting of the redemption proceeds due to error or discrepancies from information provided on the PhilEquity forms.</li> </ol>				
 <b>Juan Dela Cruz</b> Authorized Signatory 1 Signature over Printed Name		 Authorized Signatory 2 Signature over Printed Name		
		 Authorized Signatory 3 Signature over Printed Name		
IMPORTANT REMINDERS				
<ul style="list-style-type: none"> <li>Ensure your contact details are up to date to avoid delays in processing your redemption.</li> <li>Digital signatures are strictly prohibited and will cause your Redemption Order Form or instruction to be rejected.</li> <li>As proof of your redemption, a Confirmation Notice will be sent to you not later than 7 business days with the number of shares/units redeemed at the corresponding Net Asset Value Per Share (NAVPS) / Net Asset Value Per Unit (NAVPU).</li> <li>Documents received by 12 noon cut-off will be processed within the same business day using the NAVPS/NAVPU for the day. Anything received past cut-off shall be processed the next business day applying the corresponding NAVPS/NAVPU for that day. Cut-off times may vary depending on your distributor or agent.</li> <li>Redemption Order Forms should be submitted to your distributor or agent for initial verification. If you are a PhilEquity direct client, documents may be:                             <ol style="list-style-type: none"> <li>Submitted to PhilEquity Management Inc. at 15<sup>th</sup> Floor, PSE Tower, 5<sup>th</sup> Avenue corner 28<sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634 (PEMI will not pick up deliveries to the PSE Tower lobby)</li> <li>Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions).</li> </ol> </li> <li>This document will be processed based on the date and time received by PhilEquity Management, Inc.</li> </ul>				
DISTRIBUTOR / AGENT ACKNOWLEDGEMENT				
Date / Time Received			Distributor / Branch	
Received By			Confirmed for processing by	
PHILEQUITY USE ONLY				
Date / Time Received	Date Processed	Date Verified		
Source of Document	Processor	Verified Thru	T M V Other _____	
Received By	Authorizer	Verified By		

